

## 310-N - LABORATORY

EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18, UPON PUBLISHING<sup>1</sup>

### ~~REVISION~~

APPROVAL DATES: 10/01/06, 10/01/09, 04/01/10, 10/01/01, 06/01/13, 04/20/17, 06/12/18, 05/30/25<sup>2</sup>

### I. PURPOSE

This Policy applies to ~~AHCCCS Complete Care (ACC), ACC-RBHA~~<sup>3</sup>, ~~ALTCS~~/~~E/~~PD, ~~DCS~~/~~CHP (CHP)~~<sup>4</sup>, ~~CMDP (CMDP)~~, and DES/~~DDD (DDD), RBHA~~ Contractors; ~~and Fee-For-Services (FFS) Programs and populations as delineated within this Policy including: the American Indian Health Program (AIHP), Tribal ALTCS; and all FFS populations,~~<sup>5</sup> This Policy does not apply to ~~excluding~~ Federal Emergency Services Program (FESP) ~~outside of emergency services~~. (For FESP, see AMPM Chapter 1100). ~~AHCCCS covers medically necessary laboratory services for diagnostic, screening and monitoring purposes when ordered by a member's Primary Care Provider (PCP), other attending physician or dentist, and provided by a free-standing laboratory or hospital laboratory, clinic, physician office, or other health care facility laboratory with Clinical Laboratory Improvement Act (CLIA) licensure or a Certificate of Waiver.~~<sup>7</sup> This Policy establishes the coverage requirements for medically necessary laboratory services.

### II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy.<sup>8</sup>

### III. POLICY

AHCCCS covers medically necessary laboratory services for diagnostic, screening and monitoring purposes when ordered by a member's Primary Care Provider (PCP), other attending physician or dentist, and provided by a free-standing laboratory or hospital laboratory, clinic, physician office, or other health care facility laboratory with Clinical Laboratory Improvement Act (CLIA) licensure or a Certificate of Waiver.<sup>9</sup> Any laboratory that has the proper CLIA certifications and is an AHCCCS registered provider may perform laboratory tests.

<sup>1</sup> Date policy is effective.

<sup>2</sup> Date policy is approved.

<sup>3</sup> Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded AHCCCS Complete Care (ACC) Contractors.

<sup>4</sup> Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1st Regular Session.

<sup>5</sup> Revised for clarity and to align with policy standard formatting.

<sup>6</sup> Reorganized language for flow.

<sup>7</sup> Revised to clarify the purpose of this policy

<sup>8</sup> Adding a link to the Contracts and Policy Dictionary. Common terms can be found in the AHCCCS Contract and Policy Dictionary.

<sup>9</sup> Reorganized language throughout policy for clarity and flow.

The Contractors may preferentially contract with particular laboratories for services, provided that the laboratory has the necessary CLIA certifications to perform those tests. Refer to AMPM Policy 310-II for requirements regarding Genetic Testing.

Refer to the AHCCCS Covered Behavioral Health Services Guide on the Medical Coding and Resource website for information on presumptive, and definitive urine drug testing guidance and requirements.<sup>10</sup>

<sup>10</sup> Added to provide connection to the Covered Behavioral Health Services Guide (CBHSG) for Substance Use Disorder (SUD) Urine Drug Testing (UDT) requirements.